

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | <i>32</i> | <i>6/26</i> |
| FORMALITY REVIEW | <i>P.A.</i> | <i>ccm</i> | <i>01/22/01</i> |
| RESPONSE FORMALITY REVIEW | <i>BZ</i> | <i>297</i> | <i>03-08-02</i> |
| | <i>[Signature]</i> | <i>857</i> | <i>04-19-02</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

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| Claim | Date |
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| Final Original | |
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| 2 | <i>12/26/02</i> |
| 3 | <i>4/19/03</i> |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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135
 5/24
 8/24/07
 5/23
 4/24